

AIM ANSWER TO THE CONSULTATION “HAVE YOUR SAY ON REINFORCING SOCIAL EUROPE”

Introduction

In her political guidelines Commission President von der Leyen committed to putting forward an action plan to fully implement the European Pillar of Social Rights. The European Council agreed in June 2019 on the Strategic Agenda for 2019-2024, which calls for the implementation of the Pillar at EU and Member State level, while respecting the competences. In its Communication “A strong social Europe for just transitions”, which was adopted on 14 January 2020, the Commission announced an “ambitious set of initiatives” to be delivered in spring 2021. The COVID-19 outbreak changed the political and economic situation dramatically. Access to social protection, affordable and qualitative health services as well as the reduction of inequalities becomes more important than ever.

AIM welcomes communication from the European Commission on “Building a European Health Union: Reinforcing the EU’s resilience for cross-border health threats”, which was published on 11 November¹ as well as the conference of Europe, where EU citizens were meant to be invited to reflect on Europe’s future at a conference that will debate European policy priorities for the next two years.² Members of AIM support the topics put forward by the European Commission and calls to set the debate on the health union as a topic for the conference of Europe. As an umbrella organisation for mutuals and health insurance funds, AIM strives for an ambitious role in the debates on the implementation of the European Pillar of Social Rights and the European Health Union.

Against this background, AIM makes the following recommendations for an effective implementation of the Pillar of Social Rights:

¹ COM(2020), 724 final,

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0724&qid=1605690513438>.

² Council’s position on the Conference on the Future of Europe, 24 June 2020,

<https://www.consilium.europa.eu/media/44679/st09102-en20.pdf>

Executive summary:

PRINCIPLE 1: EDUCATION, TRAINING AND LIFE-LONG LEARNING

Reskilling and Upskilling

The European Commission should

- **make available necessary investments for reskilling and upskilling of workers** (including for health and care professionals in the European Union in the multi financial framework for 2021-2027 and its Recovery Plan.
- **support governments, employers, and workers in investing in education and training.** Especially digital skills of younger generations need to be improved; education systems should take emerging technologies into account.
- **support Member States to establish lifelong learning systems** as a joint responsibility of governments, and employers' and workers' organisations. Commonly agreed goals should be made subject in the European Semester.
- emphasize the importance of the **acquisition of psycho-social skills to carry out education-focused recommendations.**

PRINCIPLE 12: ACCESS TO SOCIAL PROTECTION

1. Access to healthcare services in the new world of work

Member States should discuss:

- a joint approach by formulating commonly agreed goals in the **European Semester to fill in gaps in social protection** and to guarantee everybody, notably platform workers, access to an adequate and affordable healthcare insurance. By involving employers, national health insurance funds/health mutuals and labour organisations a better implementation of the national country reports could be reached. Such a bottom-up approach and a better enforcement of the commonly agreed rules would remove the perception that rules are hierarchically imposed. Not following the recommendations of the European Semester could lead to consequences such as the justification of a Member State ("**Tertium genus**" – **more than a recommendation but less than a binding act**). Justifications should be handled in a stricter way and should be an exception.
- **data collection regarding crowd working** and the work carried out through them as it needs to be improved. If a rise in these forms of work becomes apparent, new protection strategies have to be developed, tailored in particular to employee-like self-employed workers or pseudo self-employed. It might be useful to conduct an empirical study.
- **a revision, an update and/or a harmonisation of definitions of what it means to be an employee and/or a self-employed person or a third category** to clarify these definitions, to tackle false self-employment and to reduce uncertainty for both workers and employers. Criteria for determining self-employment should be developed.
- **the improvement of the social and economic situation by means of social dialogue and collective agreements** with social partners such as trade unions or professional organisations for economically dependent individuals with need for social protection comparable to that of employees and employee-like persons-
- the fact that one regulation for all will not meet the needs of the very different self-employed individuals. National governments should clarify to what extent specific types of workers are in need of protection and include them in the protection of labour and social law accordingly. **A protective framework targeted at platform workers**, which provide for special regulations such as pay regulations and health insurance could be created, not forgetting that platforms should take responsibility. Already existing legislation in Europe for platform workers or groups with similar challenges could serve as an example.
- the costs of statutory health insurance for employee-like self-employed workers and how to ensure that

these costs are assessed together with costs incurred in other social insurance systems, e.g. for pension insurance.

- ensure equitable and sustainable financing of social protection systems (risk sharing, collective financing through contributions and taxes).
- to take **employers (e.g. platforms) into the responsibility** by obligating them to contribute partly to a health insurance for platform workers and to collect the workers' contribution to such a healthcare protection.

The **European Union** should foster:

- Discussions about workers' rights and their access to health insurance at **European level**, in the **framework of the EU's Digital Agenda** and as part of the discussion on establishing a **European Pillar of Social Rights**. A fundamental consensus on minimum standards of social protection could also reduce inequalities within Europe and help re-establish citizens' trust in the European Union.
- In this respect, we welcome the **establishment of the European Labour Authority** with all its capacities, functioning and further development.

2. **Social inequalities must be addressed to protect the most vulnerable groups**

Especially with regards to the current health crisis, the European Commission should re-establish the fight against inequalities as a priority in the European Semester and urge Member States to

- put an emphasis on **preventive measures to counteract violence and psychosocial stress**.
- target group-specific prevention and intervention strategies and therefore provide for **emergency care measures for children in day-care centres or other facilities**.
- offer psychological counselling services.
- call for a recovery that **advances women's rights and equality** between women and men.

PRINCIPLE 16: HEALTH CARE

1. **Compulsory healthcare systems and universal access to healthcare are an asset for modern societies**

Although the organisation of health care is in the competence of the Member States, the European Commission should:

- Reinforce the legal framework for services of general interest ('SGIs') (supporting mutuals) and integrate this framework in the Pillar of Social Rights. **According to national legislation, revise the staid aid rules**, which takes the legal form of mutuals into account and integrate this support in the European Semester and the Pillar of Social Rights
- take **the need of health mutuals and their specificities** into account. For example, in some countries, health mutuals - treated the same way as for-profit health insurers- are subject to additional compulsory taxes on their global turnover, to help close the state budget gap. Some complementary health mutuals fall under Solvency II rules: As mutuals cannot raise capitals as for-profit companies do, they must increase their members' contributions which can result in a heavy financial burden for them. These tax policies impact the capacity of mutual's to develop an affordable access to healthcare services and insurances.
- recognise mutuals **through an interpretative communication or recommendation(s)**.
- promote and integrate mutual benefit societies **as a social economy actor in the European Semester and the European Pillar of Social Rights**.
- to **boost social investment in social services and healthcare with a focus on non-for-profit-entities**, especially in the light of COVID-19, which severely impacted health mutuals.
- with regards to the impact of globalisation: Support the implementation of strict regulations and rights in terms of international trade (GMOs, agri-food lobby, etc.).

2. **Artificial Intelligence in health care: Great potential for patients in an ecosystem of trust**

AIM demands the European Commission to integrate the following criteria to be met at EU level:

- **An adequate legal framework built on ethical guidelines** is necessary to regulate the use of sensitive health data. Industry and public authorities should guarantee transparency about the algorithm used for automatic decision-making processes and the objective and data behind it.
- Ethical guidelines must focus on human agency and human oversight when artificial intelligence systems are involved. In **specific sectors such as healthcare**, where human control over algorithms is paramount, **ethical rules specific to the healthcare ecosystem should be formulated**. It is essential to create an “ecosystem of trust”.
- AI is not only about technological and social innovation, but must be **a trustworthy tool while complying with the law and ensuring adherence to ethical principles and values**. Performance transparency is key to building this trust. Therefore, a health technology assessment is needed to analyse the efficiency of AI, especially if it concerns medical care reimbursed by compulsory health insurance. Controlling bodies, monitoring the safety and efficacy of an AI algorithm, would be an additional fundament to build that trust on.
- The EU should **initiate measures to promote the development of a basic understanding of e-health literacy especially in the context of AI** followed by specific measures e.g. recommendations for member countries.

3. Securing access to pharmaceutical products for all

4. Prevention as a powerful tool for the implementation of the pillar:

- The European Commission should ensure a proper monitoring of the adequacy and efficiency of resource allocation on prevention through the European Semester and its recommendations to Member States.
- AIM also encourages the European Commission to further integrate sustainable development goals (SDGs) a cross-cutting manner and more specifically the Semester, encouraging Member States to develop macro-economic policies as well as to set our specific health goals to guide the Member States process which are sustainable not only from an economic and social but also from an environmental point of view.
- The European Commission should reduce the availability of unhealthy products through pricing policies, while ensuring a proper restriction of their cross-border marketing (both on- and offline).
- The European Commission should seek to improve the digital and health literacy of the general population while improving communication strategies for public health.
- The European Commission should take into account the impact of the environment on health. AIM underlines that the ultimate **objective of the chemicals strategy should be the achievement of higher levels of protection of human health and the environment** and that these should not be bypassed for the sake of competitiveness. The Commission should push for a **stronger regulation on Endocrine Disrupting Chemicals, as well more efforts in research**, and aligning research throughout the EU.

PRINCIPLE 18: LONG-TERM CARE

Ageing populations’ rights in the Pillar

- **The European Commission should contribute to ensuring equal access to qualitative LTC services by**
 - *Ensuring that data on LTC gathered across Member States is comparable:*
 - *Establishing common needs assessment and eligibility criteria:*
 - *Setting minimum quality requirements for providers and develop European outcome indicators for the assessment of LTC:*
 - *Establishing a Steering Group on LTC:*
- The European Commission should propose an **EU Joint Action (JA) on forecasting health and LTC workforce** needs for effective planning.
- The European Commission should put forward a **new Strategic Framework on Health and Safety at work (2021-2027)** which takes new labour realities into account.

PRINCIPLE 1: EDUCATION, TRAINING AND LIFE-LONG LEARNING

Reskilling and Upskilling

In the past few months, many countries have undergone rapid changes in deglobalisation and digitisation. Consumer habits have been shifted to online consumption; businesses had to respond quickly with digital transformation. The COVID-19 crisis and the digitisation have led to millions of unemployed on the one hand and rapidly evolving skills needs on the other. Most organisations have recognised the need to reskill employees long before the pandemic. Skills of today will not necessarily match the jobs of tomorrow. Newly acquired skills can quickly become obsolete.

For health insurance funds and health mutuals it is important that the diverse landscape of social economy organisations is taken into account, meaning that they are respected in their own specificities within the framework of social economy. The recognition of these specificities of mutuals is important also against the background of the skilling agenda. Actors such as mutuals need to have the same access to upskilling/re-skilling programmes as do other actors. In this respect special attention needs to be paid to the upskilling of the all generations with a focus on younger generations to attract them to work in mutuals as well as to increase the diversity of the governance bodies and the re-skilling of for example women to participate in these bodies.

Recommendations:

The European Commission should

- **make available necessary investments for reskilling and upskilling of workers** (including for health and care professionals in the European Union in the multi financial framework for 2021-2027 and its Recovery Plan.
- **support governments, employers, and workers in investing in education and training.** Especially digital skills of younger generations need to be improved; education systems should take emerging technologies into account.
- **support Member States to establish lifelong learning systems** as a joint responsibility of governments, and employers' and workers' organisations. Commonly agreed goals should be made subject in the European Semester.
- emphasize the importance of the **acquisition of psycho-social skills to carry out education-focused recommendations.**

PRINCIPLE 12: ACCESS TO SOCIAL PROTECTION

1. Access to healthcare services in the new world of work

The future of work is in the focus of discussions of policy makers, employers, and social protection institutions. Globalisation, demographic changes, and the rise of digital platforms are changing workplaces and the nature of work itself and put many challenges on the social security systems in Europe. Workers of these platforms are often contracted as independent workers which impacts their access to social protection negatively, including access to healthcare services. Throughout Europe, the classification of the status of platform workers as either paid employees or self-employed is not straightforward. Most countries have used a self-declared status in employment, which has led to a

blurry distinction between workers in employment for pay and workers in employment for profit.³ The on-going COVID-19 crisis is not helping to improve the situation either. It shows once more the importance of strengthening labour markets and social protection, notably in middle- and low-income countries. This was already visible regarding the changing nature of work. In the light of COVID-19, it has become urgent.⁴

Although self-employed individuals are the “backbone of the economy” in many European countries and contribute to growth and innovation, self-employment varies widely from established entrepreneurs and traditional craft businesses to business founders, freelancers, and creatives. Consequently, the concerns and needs of self-employed differ as well, depending on their economic and social situation.⁵ Platform workers often belong to low-income groups and their social security protection is usually less comprehensive than the one provided to employees. The participation in platform work is still relatively small (approximately 1 % of the global adult population) but it is expected to grow significantly. A growth in the platform economy might lead to a decline in funding of social security schemes as well as to a disturbance of access to healthcare protection.⁶

a) Issues raised in social protection for employee-like self-employed workers

The positions on social protection of self-employed vary widely. In some countries, e.g. in Germany, some self-insured plead for complete freedom from state interference, while others with low income wish to be included in social insurance, including the German so-called “artists’ social insurance”, or to have an unconditional basic income for all citizens. Self-employed with low income are concerned about low remuneration and fees, which make it difficult for them to finance their social protection.⁷ When it comes to health insurance, some complain about not being able to pay the contributions for their health insurance. Consequently, high contributions arrears exist in the statutory health insurance system which have to be compensated by the remaining pool of the insured. The classification of a platform worker as a self-employed or an employed individual can only be decided on a case-by-case basis but based on reliable criteria. The design of the legal relationship as well as the way in which the work is performed are crucial. It is in the responsibility of the legislators to expand the coverage of social security and labour laws, if existing civil-law standards are inadequate to ensure the protection of self-employed forms of work.⁸

b) Recommendations

Social policy is primarily organised at national level. Regarding the current COVID-19 crisis and its economic consequences, the debate about whether and how the EU needs to become more assertive and more social becomes even more pressing. The EU must win back trust and show its capability by delivering on key issues such as a comprehensive and a just social agenda and working to remove inequalities within Europe.

³ ILO, Ensuring better social protection for self-employed workers, p. 2, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dgd_p/documents/publication/wcms_742290.pdf (assessed on 23/11/2020).

⁴ COVID-19 reinforces the case for fundamental reform of our social protection systems, Michal Ruthkowski, worldbank, <https://blogs.worldbank.org/jobs/covid-19-reinforces-case-fundamental-reform-our-social-protection-systems> (assessed on 23/11/2020).

⁵ BMAS White paper 4.0, p. 166 (<https://www.bmas.de/SharedDocs/Downloads/EN/PDF-Publikationen/a883-white-paper.pdf?jsessionid=7CC21C60E28794FFD3F5606CCE64EAB.delivery2-master?blob=publicationFile&v=1>, assessed on 22 October 2020).

⁶ The growth of the platforms and what it means for social coverage, ISSA (accessed on 07/10/2020).

⁷ BMAS White paper 4.0, p. 167.

⁸ BMAS White paper 4.0, p. 169ff.

Member States in the European Union organise healthcare and other social security services in many ways. Since AIM and its members mainly deal with compulsory and complementary health insurance services, the following recommendations will focus on health insurance. Pension and accident insurance are just as important but not included in these recommendations:

Member States should discuss:

- a joint approach by formulating commonly agreed goals in the **European Semester to fill in gaps in social protection** and to guarantee everybody, notably platform workers, access to an adequate and affordable healthcare insurance⁹. By involving employers, national health insurance funds/health mutuals and labour organisations a better implementation of the national country reports could be reached. Such a bottom-up approach and a better enforcement of the commonly agreed rules would remove the perception that rules are hierarchically imposed.¹⁰ Not following the recommendations of the European Semester could lead to consequences such as the justification of a Member State ("**Tertium genus**" – **more than a recommendation but less than a binding act**). Justifications should be handled in a stricter way and should be an exception.¹¹
- **data collection regarding crowd working** and the work carried out through them as it needs to be improved. If a rise in these forms of work becomes apparent, new protection strategies have to be developed, tailored in particular to employee-like self-employed workers or pseudo self-employed.¹² It might be useful to conduct an empirical study.
- **a revision, an update and/or a harmonisation of definitions of what it means to be an employee and/or a self-employed person or a third category** to clarify these definitions, to tackle false self-employment and to reduce uncertainty for both workers and employers.¹³ Criteria for determining self-employment should be developed.
- **the improvement of the social and economic situation by means of social dialogue and collective agreements** with social partners such as trade unions or professional organisations for economically dependent individuals with need for social protection comparable to that of employees and employee-like persons.¹⁴
- the fact that one regulation for all will not meet the needs of the very different self-employed individuals. National governments should clarify to what extent specific types of workers are in need of protection and include them in the protection of labour and social law accordingly. **A protective framework targeted at platform workers**, which provide for special regulations such as pay regulations and health insurance could be created, not forgetting that platforms should take responsibility. Already existing legislation in Europe for platform workers or groups with similar challenges could serve as an example.
- the costs of statutory health insurance for employee-like self-employed workers and how to ensure that these costs are assessed together with costs incurred in other social insurance systems, e.g. for pension insurance.

⁹ See council recommendations on access to social protection for workers and the self-employed (2019/C 387/01) from 8 November 2019, [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H1115\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H1115(01)&from=EN) (assessed on 24 November 2020).

¹⁰ AIM recommendations "Only with solidarity and cooperation we can overcome pandemics", p. 8.

¹¹ Idem.

¹² BMAS White paper 4.0, p. 175.

¹³ ILO, Ensuring better social protection for self-employed workers, p. 20, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---ddg_p/documents/publication/wcms_742290.pdf (assessed on 24/11/2020).

¹⁴ BMAS White paper 4.0, p174.

- ensure equitable and sustainable financing of social protection systems (risk sharing, collective financing through contributions and taxes).¹⁵
- to take **employers (e.g. platforms) into the responsibility** by obligating them to contribute partly to a health insurance for platform workers and to collect the workers' contribution to such a healthcare protection.

Welfare states can only be maintained if the European context is taken into account. This is even more true, regarding the consequences of digitisation. Therefore, the **European Union** should foster:

- Discussions about workers' rights and their access to health insurance at **European level**, in the **framework of the EU's Digital Agenda** and as part of the discussion on establishing a **European Pillar of Social Rights**. A fundamental consensus on minimum standards of social protection could also reduce inequalities within Europe and help re-establish citizens' trust in the European Union.
- In this respect, we welcome the **establishment of the European Labour Authority** with all its capacities, functioning and further development.

2. Social inequalities must be addressed to protect the most vulnerable groups

The COVID-19 crisis is not only a threat to people's health but has far-reaching consequences for the economy and society. The pandemic has increased social inequalities and has especially affected socially disadvantaged families and children. Although the virus does not differentiate between different parts of the world, it has become clear that people with less income and low savings, as well as people with a low level of education, living in cramped housing conditions are more at risk than others.¹⁶ In France for example, the health crisis has also contributed to increasing social inequalities in terms of professional and financial vulnerability. They would probably have been even greater had it not been for the measures taken to limit the impact of the crisis on the deterioration of employment situations. However, the fact remains that the state's compensatory action has not really offset the increase in social inequalities, especially among the working classes, who have experienced a particularly marked deterioration in their financial situation since the beginning of the crisis.¹⁷ The loss of social and communicative contacts can have a negative impact on the well-being of children and young people. Quarantine can bring out the dangers of excessive use of electronic games, domestic violence and child abuse, and the loss of freely accessible school meals. A lack of educational support, such as the lack of a computers and technology, a significant decrease communication, and little family exchanges, reinforce as well socially induced inequalities. But not only children are affected. Violence against women has been increasing during the pandemic and gender equality will become even more pressing.

Recommendations:

Especially with regards to the current health crisis, the European Commission should re-establish the fight against inequalities as a priority in the European Semester and urge Member States to

- put an emphasis on **preventive measures to counteract violence and psychosocial stress**.

¹⁵ ILO, Ensuring better social protection for self-employed workers, p. 21, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---ddg_p/documents/publication/wcms_742290.pdf (assessed on 24/11/2020).

¹⁶ Questions de Santé Publique, 2020, n°. 40, p. 1-12, Les inégalités sociales au temps du COVID-19: https://www.iresp.net/wp-content/uploads/2020/10/IReSP_QSP40.web_.pdf.

¹⁷ Questions de Santé Publique, 2020, n°. 40, p. 1-12, Les inégalités sociales au temps du COVID-19: https://www.iresp.net/wp-content/uploads/2020/10/IReSP_QSP40.web_.pdf

- target group-specific prevention and intervention strategies and therefore provide for **emergency care measures for children in day-care centres or other facilities**.
- offer psychological counselling services.
- call for a recovery that **advances women's rights and equality** between women and men.

PRINCIPLE 16: HEALTH CARE

1. Compulsory healthcare systems and universal access to healthcare are an asset for modern societies

In Europe, compulsory health insurance has been very successful in providing near-universal equal access to care. Solidarity is guaranteed by calculating monthly contributions by personal income and not by age and health status. Regardless of how the systems are organised, compulsory, and complementary health insurances are committed to ensuring universal access to high quality and affordable health care and services including risks linked to an ageing population. If these services cannot be organised by compulsory health insurances, this can be done on a voluntary basis, for example through mutuals. Mutuals are grouping of persons (natural or legal persons), where the interests of persons outweighs financial interests of the organisation itself. They are solidarity-based organisations and their main purpose in general is to manage risks, or to provide services, connected to human life. Moreover, mutuals are not-for-profit organisations: Their financial results are not, in a large majority of cases, distributed to their members, but rather reinvested in the mutual activities themselves or used for social support activities in the interest of people in need.

The generally good and universally accessible health care in most Member States is an important foundation in the fight against the pandemic. The pandemic showed that the lack of sickness benefits endangers public health. Workers with no income security and a lack of health insurance continued to go to work during sickness and thus risking to contaminate others. Many countries in Europe with strong social protection systems have taken immediate measures to enhance access to sickness benefits. An analysis shows that these countries are able to better protect their populations against the threats of pandemics.¹⁸ Social Security systems are an asset for modern societies as they help stabilising the economy through safety nets and universal access to healthcare. AIM emphasizes good health care based on solidarity in all EU should be promoted in all member states and, where necessary, developed it further.

a) The COVID19 Pandemic puts financial constraints on health insurers and health mutuals

Health insurance funds and health mutuals have rapidly re-designed their services on a large scale to expend capacity for treating patients with COVID-19. This included discharging thousands of people to free up beds, postponing planned treatment, shifting appointments online where possible and redeploying staff. Questions from insured about care and financing were answered widely via telephone; phone numbers were set up to take care of the elderly that felt alone. In nursing homes, video calls were made possible to keep contact as visits were not allowed. In many Member States, telemedicine is now widely used. Health mutuals started providing home services. These few examples show that mutual societies play an important role in the European Union to ensure social cohesion,

¹⁸ ILO, Social Protection Spotlight, May 2020, Sickness benefits during sick leave and quarantine (https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_744510.pdf, (on 14 July 2020)).

especially in the field of social welfare in which they provide a large variety of services: social and health services as well as health insurance.

Now the focus is shifting towards the financial situation of the insurances. Solutions especially rescue funds and financial aids for care institutions to help them over the “time without patients” because of social distancing, are a very important. The new situation worsened through the economic crisis that is kicking in and will lead to people losing their jobs and businesses. This will result in reduced contributions by the insured and their employers. In addition, in some countries, health insurance funds and health mutuals will now be obliged to pay for almost all Covid-19-tests, which is usually the obligation of the state and financed via taxes.

b) Recommendations

Although the organisation of health care is in the competence of the Member States, the European Commission should:

1. Reinforce the legal framework for services of general interest (‘SGIs’) (supporting mutuals) and integrate this framework in the Pillar of Social Rights. **According to national legislation, revise the staid aid rules**, which takes the legal form of mutuals into account and integrate this support in the European Semester and the Pillar of Social Rights.
2. take **the need of health mutuals and their specificities** into account. For example, in some countries, health mutuals - treated the same way as for-profit health insurers- are subject to additional compulsory taxes on their global turnover, to help close the state budget gap. Some complementary health mutuals fall under Solvency II rules: As mutuals cannot raise capitals as for-profit companies do, they must increase their members’ contributions which can result in a heavy financial burden for them. These tax policies impact the capacity of mutual’s to develop an affordable access to healthcare services and insurances.
5. recognise mutuals **through an interpretative communication or recommendation(s)**.
6. promote and integrate mutual benefit societies **as a social economy actor in the European Semester and the European Pillar of Social Rights**.
7. to **boost social investment in social services and healthcare with a focus on non-for-profit-entities**, especially in the light of COVID-19, which severely impacted health mutuals.¹⁹
8. with regards to the impact of globalisation: Support the implementation of strict regulations and rights in terms of international trade (GMOs, agri-food lobby, etc.).

For more information, please find

The AIM recommendations on “Only with solidarity and cooperation we can overcome pandemics” and the summary of measures of AIM members during COVID-19 [here](#).

The AIM position paper on the Impact on Solvency II rules on mutual benefit societies in Social Protection [here](#).

2. Artificial Intelligence in health care: Great potential for patients in an ecosystem of trust

The European Commission adopted its White Paper on Artificial Intelligence (AI) and a European Data Strategy on 19 February 2020. There is no doubt that the use of Artificial Intelligence (AI) in the field of healthcare can help to improve patient’s lives and contribute to the sustainability of healthcare systems.

¹⁹ See report of Social Economy Europe on the impact of Covid-19 on social economy enterprises, June 2020, <https://www.socialeconomy.eu.org/2020/06/22/report-on-the-impact-of-covid-19-on-social-economy-enterprises/> (assessed on 26 November 2020).

AI can shape everything from prevention to early diagnostics and treatment but can also help in the administration of health care systems. As useful as artificial intelligence can be in the healthcare sector, one should not forget about the challenges that come with it, e.g., large tech companies have long discovered the field of digital health and artificial intelligence in healthcare. Naturally, they are profit-oriented, and often customers pay for free apps by providing their personal data. Health data is part of a person's most sensitive information. It is therefore important that patients receive alternatives from providers not focusing on profit – like statutory health insurance funds or health mutuals.

To use the full potential of AI as a tool to contribute to sustainable healthcare systems and to guarantee access for patients to affordable and quality healthcare, AIM demands the European Commission to integrate the following criteria to be met at EU level:

- **An adequate legal framework built on ethical guidelines** is necessary to regulate the use of sensitive health data. Industry and public authorities should guarantee transparency about the algorithm used for automatic decision-making processes and the objective and data behind it.
- Ethical guidelines must focus on human agency and human oversight when artificial intelligence systems are involved. In **specific sectors such as healthcare**, where human control over algorithms is paramount, **ethical rules specific to the healthcare ecosystem should be formulated**. It is essential to create an “ecosystem of trust”.
- AI is not only about technological and social innovation, but must be **a trustworthy tool while complying with the law and ensuring adherence to ethical principles and values**. Performance transparency is key to building this trust. Therefore, a health technology assessment is needed to analyse the efficiency of AI, especially if it concerns medical care reimbursed by compulsory health insurance. Controlling bodies, monitoring the safety and efficacy of an AI algorithm, would be an additional fundament to build that trust on.
- The EU should **initiate measures to promote the development of a basic understanding of e-health literacy especially in the context of AI** followed by specific measures e.g. recommendations for member countries.

For more information, please find the **AIM position paper on artificial intelligence: Great potential and some challenges for healthcare** [here](#).

3. Securing access to pharmaceutical products for all

Equal access to pharmaceuticals is a significant element of social policies in Europe and a key driver of health equity. The costs of these products can be so high that they are not affordable for individual patients if they are not reimbursed. They are collectively paid for by health insurers if the available health budget is sufficient. In some disease areas with a high unmet medical need, such as orphan medicinal products, patients’ dependence on collective solidarity to secure access to pharmaceuticals is even greater.

From the point of view of social security systems, the lack of access to pharmaceutical products, be they for reasons related to treatment unavailability or be they for reasons of treatment costs is very harmful for healthcare and social systems. Treatment unavailability leads to treatment postponement, stress, and disease worsening among other things. On the other side, the high prices of some innovative molecules mean that making them available to the whole patient population is not possible for many governments. They therefore have to cover the most severe patients first and wait for patients with “mild” symptoms to develop severe ones, before they receive access. Health insurance systems might

also not cover for the whole medicines costs, because of pressures on social systems budgets, sometimes also due to high pharmaceuticals prices. In this case, households would still have to pay for some costs, out-of-pocket. This is a major issue as these out-of-pocket payments can be so high that they lead to treatment postponement and potentially disease worsening, stress, loss of income, poverty and therefore further exposure to financial hardship.

This is why AIM is strongly committed to the affordability of pharmaceuticals, in order to protect healthcare systems' sustainability and protect citizens against poverty and impoverishing spending. AIM developed the following positions:

- [AIM's proposal on a European drug pricing model for fair and transparent prices](#)
- [AIM and 11 other public health organisations' recommendations on fair pricing](#)
- [AIM's recommendations on the European Pharmaceutical Strategy](#)

4. Prevention as a powerful tool for the implementation of the pillar:

Principle 16 encompasses access to primary, secondary, and tertiary prevention. Providing equal access to preventive services for all contributes to fighting inequities. However, prevention goes beyond mere care. The greatest burden of health risks is often borne by the most disadvantaged people in society, that is, those with little education, less resources, and low-status occupations. To truly prevent diseases and promote health, wider environments and risk factors should be acted upon. Those actions are the ones which will actually have a stronger and longer lasting effect on inequities and contribute to implement many other principles in the pillar, making sure that everyone enjoys the same opportunities (principle 3, 2, 17) and enabling an equal access to essential services (principles 12, 13, 15, 16, 18, 19, 20).

Recommendations:

- **The European Commission should ensure a proper monitoring of the adequacy and efficiency of resource allocation on prevention through the European Semester and its recommendations to Member States.**

AIM believes that the importance of prevention should be reflected in the way it is financed and calls for a better reallocation of financial resources. The shift from curative to preventive care must be made progressively and can notably be achieved through more efficient spending of the healthcare budget. Additional resources can be raised through (higher) taxation of unhealthy products such as tobacco, alcohol or food high in salt, trans-fats, and sugar. We invite the European Commission to monitor countries' spending on prevention as well as the specific measures put in place to enhance health promotion and disease prevention through the European Semester. European Core Health indicators, which are key in the Open Method of Coordination, already reflect the important impact of policies such as taxation of tobacco on public health. We encourage the European Commission to introduce other important aspects such as taxation of alcohol and processed foods containing high levels of saturated fats, trans-fats, free sugars and salt/sodium (HFSS) and their marketing in the list of indicators. Such an integration would contribute to truly incorporate the Health in All Policies approach within the European Semester process.

- AIM also encourages the European Commission **to further integrate sustainable development goals (SDGs) a cross-cutting manner and more specifically the Semester, encouraging Member**

States to develop macro-economic policies as well as to set our specific health goals to guide the Member States process which are sustainable not only from an economic and social but also from an environmental point of view.

- The European Commission should reduce the availability of unhealthy products through pricing policies, while ensuring a proper restriction of their cross-border marketing (both on- and offline).

Price control and taxation have the potential to help reduce inequities, improve public health and protect vulnerable groups. Those policies should apply to tobacco, alcohol and processed foods containing high levels of saturated fats, trans-fats, free sugars and salt/sodium (HFSS). AIM would welcome the introduction of higher taxation rates or excise duties on HFSS foods and is convinced of the [potential](#) of the Farm to Fork strategy in improving public health by regulating the food environment. When it comes to alcohol, AIM calls to keep the objective of price increases in all EU regulations, including the foreseen update on the rules on structures of excise duty, for which we encourage the introduction of specific taxation (on basis of alcohol content).

Beyond their availability, the marketing of unhealthy food also has a profound impact on people's behaviour and (consequently) health, especially vulnerable groups like children and young adults. AIM calls on the EC to make a legally binding proposal of cross-border marketing regulation of both HFSS foods and alcohol so as to efficiently protect children. New and more targeted marketing techniques on digital media further put young people at risk of exposure. Legally binding measures are needed to minimise the exposure of children and youth to the online marketing of unhealthy products (HFSS, alcohol, gambling), regardless of whether the advertising is directly aimed at them or not.

- The European Commission should seek to improve the digital and health literacy of the general population while improving communication strategies for public health.

The **Skills Agenda for Europe** and **Digital Education Action Plan** should aim to achieve high levels of digital and health literacy and foster inclusion. High levels of health literacy strengthen the impact of health promotion and disease prevention actions. It empowers people to make the right choices for their health and well-being, to use healthcare services adequately while adopting healthier behaviours. In a world where many services turn digital, high levels of digital literacy are necessary to enable societal barrier-free participation and inclusion of all generations. No matter what services are made available, people do need the necessary skills to use them adequately and in a timely manner. Technology should also be designed to match the needs and skills of people of all ages and abilities. Bridging the digital divide is a sine-qua-non condition in the achievement of those goals.

AIM also encourages the European Commission to **study new communication technologies and social media** use to identify the most effective ones so as to provide guidance to Member States on efficient communication for public health, also key in the fight against misinformation.

- The European Commission should take into account the impact of the environment on health. AIM underlines that the ultimate **objective of the chemicals strategy should be the achievement of higher levels of protection of human health and the environment** and that these should not be bypassed for the sake of competitiveness. The Commission should push for a **stronger regulation on Endocrine Disrupting Chemicals, as well more efforts in research**, and aligning research throughout the EU.

For more information, please find

The AIM series of fact sheets on prevention [here](#).

The AIM Press release on Healthier citizens on a healthier planet as the guiding principle for an EU Chemical Strategy [here](#).

The AIM Press release on The EU Green Deal: an opportunity for public and planetary health [here](#).
AIM Declaration on Endocrine Disrupting Compounds (EDCs) [here](#).

PRINCIPLE 18: LONG-TERM CARE

Ageing populations' rights in the Pillar

The profound demographic change which Europe is going through is one of the greatest shifts that the continent will have to face, together with the digital and green transition. Ageing populations have specific needs which will also have to be considered should the principles of the Pillar become a reality for all.

- **The European Commission should contribute to ensuring equal access to qualitative LTC services by**

- ***Ensuring that data on LTC gathered across Member States is comparable:***

The first step in solving a problem is understanding it. An initial measure in achieving comparable data is the establishment of EU indicators for LTC. AIM therefore welcomes the work of the European Commission in the field and encourages further efforts, on which AIM will be pleased to collaborate.

- ***Establishing common needs assessment and eligibility criteria:***

AIM would welcome EU guidelines on needs assessment and eligibility criteria for LTC. They could support Member States in the establishment of national standards. Such an initiative is key, in our view, to fight inequity between and within Member States: promoting the provision of non-profit long-term care services.

- ***Setting minimum quality requirements for providers and develop European outcome indicators for the assessment of LTC:***

Minimum quality requirements for providers (carers, nursing homes, etc.) should be set at European level to contribute to guarantee high quality levels of care for all. Developing outcome indicators at European level could encourage objective and standardised assessment of LTC, which in turn would allow the collection of comparable data across MS. Those indicators would also allow to better integrate the monitoring of LTC systems within the European Semester process.

- ***Establishing a Steering Group on LTC:***

There is no one-size-fits-all solution when it comes to the organisation and financing of LTC systems. However, Member States are often facing similar challenges. There is a clear added value in discussing possible solutions at European level. The European Commission could establish a Steering Group on LTC, similar to the existing one on health promotion and disease prevention. It would facilitate the exchange and the implementation of best practices.

- **The European Commission should propose an EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning.**

The development of integrated health workforce planning and forecasting as well as the adaptation of health and long-term care workforce skills is in our view key in improving both the access and quality of those services. The European Commission published an Action Plan for the EU Health Workforce in 2012. AIM calls for a new action plan, which would cover both health and long-term care workforce and reflect the new priorities of the European Commission (digital, green and social)

and the needs and priorities which have been made more evident than ever by the COVID19 pandemic. The Action Plan should call for the establishment of an EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning. Analysing the labour market and conducting needs-based planning to optimize current and future workforces to meet the needs of ageing populations seems key. It enables the development of a sustainable, appropriately trained, deployed, and managed health workforce with competence in caring for an ageing populace, including for comprehensive person-centred assessments and the integrated management of chronic or complex health conditions. Such an analysis should be coordinated at European Level and could take place within the JA. The Joint Action could ensure better data collection across the EU and develop methodologies for better forecasting of workforce and skills needs. It could also allow the exchange of best practices on recruitment and retention measures. Doing so would contribute to better prevent shortages and tackle the issue of medical deserts.

- **The European Commission should put forward a new Strategic Framework on Health and Safety at work (2021-2027) which takes new labour realities into account.**

The New Strategic Framework on Health and Safety at work should put the challenges of an ageing workforce and changing labour realities at the centre of its concerns.

The working age population will include an increased number of older people. Many people are fit and willing to work longer and pensionable ages are being raised. However, an important precondition is the setting of sound occupational health and safety rules throughout the career and the adaptation of workplaces to such an elderly workforce. Moreover, stereotypical views of older people may foster a climate of ageism in workplaces. Employers should value older people's experience and contribution to productivity. The new framework should seek to maintain and enhance work ability through national occupational safety and health (OSH) strategies and measures to achieve a working life that is inclusive for workers of all ages. It should support measures enabling those with failing health or disabilities to participate and contribute, encourage employers to offer flexible working practices in order to help workers to remain in employment for longer and strengthen the knowledge of employers in supporting work ability and return to work after sick leave.²⁰

New emerging types of employment should also be included in the strategy. They might have a positive impact on mental health given the flexibility and the potential for a better work-life balance which they entail. However, they can also have the exact opposite consequences. They can put workers' mental health and well-being under pressure. Platform and gig economy work for example are often synonyms for low-quality working conditions and lack of financial stability due to unpredictable income. Occupational health and safety frameworks and strategies should include those new forms of employment to properly protect workers.

For more information, please find:

The **AIM recommendations for the Green Paper on health ageing** [here](#)

The **AIM recommendations for the future of LTC** [here](#).

The **AIM reflection paper on measuring the outcomes and comparing the quality of long-term care services** [here](#).

²⁰ [Council Conclusions on a New Strategic Framework on Health and Safety at Work.](#)